

APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Type::	REGULAR
Subject Matter::	UTILITY
CD-ROM or CD-R?::	NONE
Title::	ACTIVE AGENT DELIVERY SYSTEMS, MEDICAL DEVICES, AND METHODS
Attorney Docket Number::	P-10998.00
Total Drawing Sheets::	23

INVENTOR INFORMATION

Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	US
Status::	FULL CAPACITY
Given Name::	Randall
Middle Name::	V
Family Name::	SPARER
City of Residence::	Andover
State or Province of Residence::	MN
Country of Residence::	US
Street of Mailing Address::	13522 Gladiola Street NW
City of Mailing Address::	Andover
State or Province of Mailing Address::	MN
Country of Mailing Address::	US
Postal or Zip Code of Mailing Address::	55304

Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	US
Status::	FULL CAPACITY
Given Name::	Christopher
Middle Name::	M
Family Name::	HOBOT
City of Residence::	Tonka Bay
State or Province of Residence::	MN
Country of Residence::	US
Street of Mailing Address::	40 Pleasant Lane W
City of Mailing Address::	Tonka Bay

State or Province of Mailing Address:: MN
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 55331

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: China
Status:: FULL CAPACITY
Given Name:: SuPing
Family Name:: LYU
City of Residence:: Maple Grove
State or Province of Residence:: MN
Country of Residence:: US
Street of Mailing Address:: 6625 Garland Lane No.
City of Mailing Address:: Maple Grove
State or Province of Mailing Address:: MN
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 55311

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: US
Status:: FULL CAPACITY
Given Name:: Kishore
Family Name:: UDIPI
City of Residence:: Santa Rosa
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 3575 Alkirst Ct
City of Mailing Address:: Santa Rosa
State or Province of Mailing Address:: CA
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 95403

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 26813

REPRESENTATIVE INFORMATION

Representative Customer Number:: 26813

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/403,352	08/13/02

ASSIGNMENT INFORMATION

Assignee Name:: Medtronic, Inc.
 Street of Mailing Address:: 710 Medtronic Parkway NE
 City of Mailing Address:: Minneapolis
 State or Province of Mailing Address:: MN
 Country of Mailing Address:: US
 Postal or Zip Code of Mailing Address:: 55432